

# Eligibility Verification

1. Online, through the Montana Access to Health (MATH) Web Portal
2. Integrated Voice Response (IVR) 1-800-714-0060
3. FaxBack 1-800-714-0075
4. Medifax Swipe Card Technology
5. Provider Relations 1-800-624-3958

# Montana Access to Health (MATH) Web Portal

- From Provider Information web page  
[www.mtmedicaid.org](http://www.mtmedicaid.org)
- Created by Xerox in conjunction with DPHHS
- Montana Health Care Programs-related information
- Active providers
- Secure website

mt.gov

Montana's Official State Website



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Help

Log In

Web Registration

Provider Enrollment

Provider Web Portal Home

Public Assistance Toolkit

EDI

Provider Locator

Welcome to Montana Access to Health Web Portal!

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the [Web Registration](#) button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit [Provider Enrollment](#) for step-by-step instructions.

Log In

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID:

Password:

Log In

[Forgot Your Password?](#)

Many documents available through the Montana Access to Health Web Portal are in PDF format. In order to view them, [Adobe Acrobat Reader](#) must be installed on your machine. If it is not, download this program by clicking on the link above.

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958

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MT Web Portal - Montana Access to Health Web Portal Home Page - Windows Internet Explorer

https://mtaccesstohealth.acs-shc.com/mt/secure/home.do

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Montana Access to Health Web Portal

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MONTANA MEDICAID TEST1

Montana Access to Health Web Portal Home Page

**\*\*Click here to read your new message\*\***

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
<a href="#">Eligibility</a>	<a href="#">Upload Files</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status</a>		<a href="#">View e!SOR Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Provider Payment Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Relations</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

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MT Web Portal -Eligibility Inquiry - Windows Internet Explorer

https://mtaccessstohealth.acs-shc.com/mt/secure/eligibilityInquiryHome.do

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Home > Inquiries > Eligibility Inquiry

MONTANA MEDICAID TEST1

Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

\* denotes required field(s)

\* NPI or Provider Number: 1003008251

\* Date of Service: 02 19 2013

\* Client Information:

Client ID: 1234597

or

Last Name:

First Name: M.I.:

Date of Birth:

Service Type Code: Health Benefit Plan Coverage

Submit

←

Clear Fields

Note:

The Eligibility Response will not indicate retroactive eligibility.

When inquiring by Client Name, the first name, last name and date of birth are always required. Middle initial is optional. Search will return only exact matches for the criteria entered.



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MONTANA MEDICAID TEST1

## Eligibility Inquiry Response

Client Demographic Information

Client Original ID:

123459723

Client Current ID:

00123459723

Client Member ID:

1234597

Name:

Jane Doe

Address:

123 Main St

City:

Waterside

County Code:

25

State:

MT

Zip Code:

599990000

Date of Birth:

02/01/1990

Gender Code:

F: Female

NPI or Provider ID:

1003008251

Date of Service:

02/19/2013

Valid Request Indicator:

Reject Reason Code:

Follow-up Action Code:

Date of Death:

Trace Number:

21000000010000000T

Service Types	
Service Type Code	Co-Payment/Co-Insurance
1: Medical Care	\$ 0.00
33: Chiropractic	\$ 0.00
47: Hospital	\$ 0.00
86: Emergency Services	\$ 0.00
AL: Vision (Optometry)	\$ 2.00
MH: Mental Health	\$ 3.00
35: Dental Care	\$ 3.00
UC: Urgent Care	\$ 4.00
98: Professional (Physician) Visit - Office	\$ 4.00
50: Hospital - Outpatient	\$ 5.00
88: Pharmacy	\$ 5.00
48: Hospital - Inpatient	\$ 100.00

Eligibility Spans		<a href="#">About HMK/HMKPlus</a>			
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus Full Coverage		05/01/2011	02/28/2013

Managed Care Information	



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[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirm > Eligibility Inquiry Response **MONTANA MEDICAID TEST1**

**Eligibility Inquiry Response**

**Client Demographic Information**

Client Original ID:	123459723	NPI or Provider ID:	1003008251
Client Current ID:	00123459723	Date of Service:	03/01/2013
Client Member ID:	1234597	Valid Request Indicator:	
Name:	John Doe	Reject Reason Code:	
Address:	123 Main St	Follow-up Action Code:	
City:	Waterside	Date of Death:	21000000010000000T
County Code:	25	Trace Number:	
State:	MT		
Zip Code:	599990000		
Date of Birth:	02/01/2004		
Gender Code:	M: Male		

Co-payment amount may be less or exempt per Administrative Rules. Please refer to the Medicaid Provider Manual for additional information.

**Service Types**

Service Type Code	Co-Payment/Co-Insurance
AL: Vision (Optometry)	\$ 0.00
MH: Mental Health	\$ 0.00
UC: Urgent Care	\$ 0.00
1: Medical Care	\$ 0.00
33: Chiropractic	\$ 0.00
35: Dental Care	\$ 0.00
47: Hospital	\$ 0.00
48: Hospital - Inpatient	\$ 0.00
50: Hospital - Outpatient	\$ 0.00
86: Emergency Services	\$ 0.00
88: Pharmacy	\$ 0.00
98: Professional (Physician) Visit - Office	\$ 0.00

**Eligibility Spans**

**About HMK/HMKPlus**

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus Full Coverage		05/01/2011	03/31/2013







MT Web Portal - Eligibility Inquiry - Windows Internet Explorer

https://mtaccessstohealth.acs-shc.com/mt/secure/eligibilityInquiryHome.do


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Access to Health

HOME INQUIRY

Home > Inquiries > Eligibility Inquiry

Eligibility Inquiry

To submit an Eligibility Inquiry, you must enter the following criteria set forth in the table below. Enter the information and/or email address of the client.

\* denotes required field

NPI or Provider Number:

Client Information:

Client ID: 123456789

Service Type Code: Health Benefit Plan Coverage

Submit Clear Fields

Health Benefit Plan Coverage

Medical Care

Surgical

Diagnostic X-Ray

Diagnostic Lab

Radiation Therapy

Anesthesia

Surgical Assistance

Used Durable Medical Equipment

Durable Medical Equipment Purchase

Ambulatory Service Center Facility

Durable Medical Equipment Rental

Pneumonia Vaccine

Second Surgical Opinion

Chiropractic

Dental Care

Oral Surgery

Home Health Care

Hospice

Hospital

Hospital - Inpatient

Hospital - Outpatient

Hospital - Emergency Accident

Hospital - Emergency Medical

Hospital - Ambulatory Surgical


MRI/CAT Scan

Newborn Care

Smoking Cessation

Well Baby Care

Maternity



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NEW USERS MY ACCESS

MONTANA MEDICAID TEST 1

Enter a Date of Service, complete one of the following criteria. If you are a new client, you will be asked to check your eligibility.

dd ccyy

19 2013

M.I.:

dd ccyy

Note:

- The Eligibility Response will not indicate retroactive eligibility.
- When inquiring by Client Name, the first name, last name and date of birth are always required. Middle initial is optional. Search will return only exact matches for the criteria entered.

Done Internet | Protected Mode: On 125%

MT Web Portal - Eligibility Inquiry - Windows Internet Explorer

https://mtaccessstohealth.acs-shc.com/mt/secure/eligibilityInquiryHome.do

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Home > Inquiries > Eligibility Inquiry

MONTANA MEDICAID TEST1

### Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

*\* denotes required field(s)*

*\* NPI or Provider Number:*

1003008251

*\* Date of Service:*

mm

dd

ccyy

02

19

2013

*\* Client Information:*

Client ID:

1234597

or

Last Name:

First Name:

M.I.:

Date of Birth:

mm

dd

ccyy

Service Type Code:

Hospital - Outpatient

Submit

Clear Fields

**Note:**

- The Eligibility Response will not indicate retroactive eligibility.
- When inquiring by Client Name, the first name, last name and date of birth are always required. Middle initial is optional. Search will return only exact matches for the criteria entered.

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## Eligibility Inquiry Response



### Client Demographic Information

Client Original ID:	123459723	NPI or Provider ID:	1003008251
Client Current ID:	00123459723	Date of Service:	02/19/2013
Client Member ID:	1234597	Valid Request Indicator:	
Name:	Jane Doe	Reject Reason Code:	
Address:	123 Main St	Follow-up Action Code:	
City:	Waterside	Date of Death:	
County Code:	25	Trace Number:	21000000010000000T
State:	MT		
Zip Code:	599990000		
Date of Birth:	02/01/1990		
Gender Code:	F: Female		

### Service Types

Service Type Code	Co-Payment/Co-Insurance
50: Hospital - Outpatient	\$ 5.00

### Eligibility Spans

#### About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
50: Hospital - Outpatient	MC: Medicaid	Medicaid/HMKPlus Full Coverage		05/01/2011	02/28/2013

### Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
---------------------------	---------------	-----------------------	------------	----------

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
Passport Provider	PARK CLINIC	4062223541	01/01/2011	01/31/2013
Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
Medicaid Health Improvement Program.	LIVINGSTON COMMUNITY HEALTH	4062221111	11/01/2010	01/31/2013

#### Coordination of Benefits

1. Service Type Code: 30: Health Benefit Plan Coverage  
Insurance Type Code: OT: Other Carrier Code: K83  
Insurance Co. Name: IHC HEALTH SOLUTIONS INC  
Address: P O BOX 15250  
LOVES PARK IL 611325250  
Group Policy Number: HHS1011225 Enrollment Date: 08/27/2012  
Policy Number: C8772654 Expiration Date: 12/31/2099

#### Information Source Data

Organization/Last Name: Medicaid  
Identification Code Qualifier: PI: Payor Identification  
Contact Name: ACS Provider Services  
Primary Identifier: 77039  
Communication Number: 8006243958

#### Information Receiver Data

Organization/Last Name: MT DPHHS  
First Name: M.I.:  
NPI or Provider Number: 0001110928  
Portal ID of Requestor:

[Inquiries](#) [New Eligibility Inquiry](#) [Current Eligibility Inquiry](#) [Medical History Inquiry](#)

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

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# Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by client SSN
- Press 2 to search by client card number
- Access one client at a time
  - Multiple clients within phone call

# FaxBack

- 1-800-714-0075
- Response within 10 minutes
- Paper verification
- TPL information located on page 2

## MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM FAXBACK REQUEST RESPONSE

Provider Services Phone: 1-800-624-3958  
Total Pages Transmitted: 2  
To: ACS  
Provider ID/NPI: 1110889  
Provider Phone: 0000000000  
Provider Fax: 4064422819

### Input Information

Client ID: Date of Birth: 01272004  
Date of Service: 07192012 Card Control Number: 1111232

### Transaction Response

Audit No.:	201220111373313FM	Client Name:	DOE, JOHN
Mcaid/HMKPlus:	Y	Card Control Number:	1111232
Client Gender:	M	Date of Birth:	01272004
Date of Death:	00000000	Current ID:	111331111
Original ID:			
HMK/CHIP:	N	Part-A/B:	N/N
Medicare #:	0000000000	Nursing-Home:	N
No. of TPLs:	01	Waiver:	N
Incurment Day:			

### Benefit Summary (includes Managed Care, QMB, and Team Care)

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurment amount. The client is on Passport to Health. The client has third party insurance coverage.

MHSP Eligible: N

Passport: Y

Team Care: N

PCP Provider: WEST GRAND FAMILY MEDICINE

Phone #: 4062374040

Restricted Pharmacy: N

Pharm Name: NAME NOT FOUND

Phone #:



**Current Third Party Liability (TPL) Coverage**

<b>Carrier Name:</b>	PREMERA BC	<b>Carrier Code:</b>	K85
<b>Address:</b>	P O BOX 91059 SEATTLE, WA 98111-9159		
<b>Begin Date:</b>	20110401	<b>End Date:</b>	20991231
<b>Policy #:</b>	311113111	<b>Group #:</b>	9002235
<b>Subscriber Name:</b>	DOE	<b>Subscriber Initial:</b>	R
<b>Subscriber SSN:</b>			

# Medifax Services

Swipe technology – magnetic strip reader

- Available 24/7
- Paper documentation
- Batch capability
- Fee for service

# Provider Relations

- 1-800-624-3958 or 1-406-442-1837
- Hours 8 a.m. – 5 p.m. Mountain Time
- Monday through Friday

# Types of Coverage

- Full and Basic Medicaid
- Healthy Montana Kids/Healthy Montana Kids *Plus*
- Mental Health Services Plan (MHSP)
- Third Party Liability (TPL)
- Qualified Medicare Beneficiaries
- Specified Low-Income Medicare Beneficiaries
- Qualifying Individual
- Passport
- PRTF

# Other Things to Verify

## Coverage of Codes

- Fee
  - Found at [www.mtmedicaid.org](http://www.mtmedicaid.org)
  - Resources by Provider Type
  - What you will see

# Contact Information

Denise Juvik Field Representative

Phone 406-457-9598

[Denise.juvik@xerox.com](mailto:Denise.juvik@xerox.com)

Danielle Wood Field Representative

Phone 406-457-9553

[Danielle.wood@xerox.com](mailto:Danielle.wood@xerox.com)

# Questions?